

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M25155**

1. Entity Name  
**HENRY COLE ENTERPRISES, INC.**



Principal Place of Business  
**1850 OLD DIXIE HWY STE B  
HOMESTEAD, FL 33033 US**

Mailing Address  
**PO BOX 901408  
HOMESTEAD, FL 33090-1408 US**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2612384**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARCUS, MICHAEL J  
317 NORTH KROME AVENUE  
HOMESTEAD, FL 33030**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000632560  
02/21/07-80023-019 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	YONON, DEBRA
STREET ADDRESS	16700 SW 276 ST
CITY- ST- ZIP	HOMESTEAD, FL 33031
TITLE	P
NAME	COLE, HENRY
STREET ADDRESS	1850 OLD DIXIE HWY., SUITE B
CITY- ST- ZIP	HOMESTEAD, FL 33033
TITLE	VTCF
NAME	COLE-WEBB, MARCIA
STREET ADDRESS	355 NW 22 ST
CITY- ST- ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Marcia Cole Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/9/07 305-245-6101*